


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2005 08:00 AM
Secretary of State

DOCUMENT # K89100 1. Entity Name HARBORVIEW MOTEL AND EFFICIENCIES, INC.	
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07272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0136532	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent

FEY, HAROLD JR
8800 US HWY 1
SEBASTIAN, FL 32976

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLIAMS, DAMIEN H 8800 US HWY 1 SEBASTIAN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEY-GILLIAMS, BONNIE 8800 US HWY 1 SEBASTIAN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEY, HAROLD JR 8800 US HWY 1 SEBASTIAN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEY, RICHARD 8800 US HWY 1 SEBASTIAN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/29/05-80002-003 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
7/27/05 772 664 7712
Date Daytime Phone #